

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10-01-01
O.I.P.E. CLASSIFIER		49	10/12/01
FORMALITY REVIEW	GG	912	10-31-01
RESPONSE FORMALITY REVIEW	Cx	1109	1-14-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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